

AO 83 (Rev. 12/85) Summons in a Criminal Case

FILED IN THE
UNITED STATES DISTRICT COURT
DISTRICT OF HAWAII

SEP 12 2019

at 1 o'clock and 25 min. SUE BEITIA, CLERK

UNITED STATES DISTRICT COURT

District of Hawaii

UNITED STATES OF AMERICA

SUMMONS IN A CRIMINAL CASE

V.

Case Number: CR 18-00069LEK-01

Grant Manaku

(Name and Address of Defendant)

YOU ARE SUMMONED to appear before the United States District Court at the place, date, and time set forth below.

Place United States District Court 300 Ala Moana Blvd Honolulu, HI 96850 Ph. (808) 541-1300 (Honolulu Number)	Room Aha Nonoi
Before: The Honorable Leslie E. Kobayashi, U.S. District Judge	Date and Time 08/01/2019 at 2:15 PM

To Answer a Petition for Action on Conditions of Pretrial Release:

TO REVIEW A RELEASE ORDER OR TO SHOW CAUSE AS TO WHY PRETRIAL RELEASE
SHOULD NOT BE REVOKED

RECEIVED
2019 JUL 31 AM 9:34
U.S. MARSHAL'S SERVICE
HONOLULU, HI.

Sue Beitia, Clerk of Court

Name and Title of Issuing Officer

/s/ Sue Beitia

Signature of Issuing Officer/Deputy Clerk



07/31/2019

Date

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Case No.

USA vs Manaku

PROOF OF SERVICE

This summons was received to me on *(date)*_____.

☐ I personally served the summons on this defendant_____ at
(place) _____ On *(date)* _____;

or

☐ On *(date)*_____ I left the summons at the individuals residence or usual place of
abode with *(name)*_____, a person of suitable age and discretion who
resides there, and I mailed a copy to the individual's last known address; or

☐ I delivered a copy of the summons to *(name of individual)*_____, who is
authorized to receive service of process on behalf of *(name of organization)*
_____ on *(date)*_____ and I mailed a
copy to the organization's last known address within the district or to its principal place of business elsewhere
in the United States; or

☐ The summons was returned unexecuted because: _____
_____.

I declare that under penalty of perjury that this information is true.

Date returned: _____

Server's Signature

Printed name and title

Remarks:

7016 2710 0000 8752 0747

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Certified Mail Fee

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Extra Services & Fees (check box, add fee as appropriate)

- | | | |
|--|----|--|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ | |
| <input type="checkbox"/> Return Receipt (electronic) | \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | |
| <input type="checkbox"/> Adult Signature Required | \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ | |

Postmark
Here

Postage

\$

Total Postage and Fees

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Sent To

G. Manaku 7/31/19 CR 18-00069

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Department of Justice

United States Marshals Service
District of Hawaii

300 Ala Moana Boulevard, Suite 2800
Honolulu, HI 96850

Official Business
Penalty for Private Use \$300

CERTIFIED MAIL



7016 2710 0000 8752 0747

RECEIVED

2018 SEP 11 AM 2:35

U.S. MARSHALS SERVICE
HONOLULU, HI.

B98471.04



\$5.80
US POSTAGE
FIRST-CLASS
06250011396667
FROM 965580

Grant Manaku
3767 Pukalani Place
Honolulu, HI 96816

UNC
555163351353

EC: 56850498889

*0572-07224-31-41

RETURN TO SENDER
UNABLE TO FORWARD

SEP 11 2018

0909/10/19

SENDER: COMPLETE THIS SECTION

- ☐ Complete items 1, 2, and 3.
- ☐ Print your name and address on the reverse so that we can return the card to you.
- ☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Grant Manaku
3767 Pukalani Place
Honolulu, HI 96816



9590 9402 5058 9092 0989 88

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
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- ☐ Collect on Delivery
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- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
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2. 7016 2710 0000 8752 0747

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt